

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
<b>CLAIMS</b>										
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	AFTER 3rd AMENDMENT		NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1							51			
2							52			
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48							98			
49							99			
50							100			
TOTAL IND.			TOTAL IND.			TOTAL IND.			TOTAL IND.	
TOTAL DEP.			TOTAL DEP.			TOTAL DEP.			TOTAL DEP.	
TOTAL CLAIMS			TOTAL CLAIMS			TOTAL CLAIMS			TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1350 (REV. 9-70)

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